

Case Number:	CM13-0043003		
Date Assigned:	12/27/2013	Date of Injury:	01/18/2013
Decision Date:	03/11/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California, Maryland and Florida. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 50-year-old male who works as a shore man at the dock. The patient had a work related injury on 1/18/2013. On that date the patient states that he slipped and fell backwards and hit the back of his head on the ground. He denies the loss on consciousness and states that there were no lacerations or bleeding. The patient was taken to a [REDACTED] emergency room where x-rays were done. He said no CT scans of the brain were performed. He was released later that day. The patient states that since the injury, he has had complaints of headaches that come and go every day, two or three times daily. He describes the headaches as diffuse, dull and throbbing with a severity of 10/10 on the pain scale. He states that the headaches get better if he goes into a dark quiet room. There is no obvious trigger to these headaches. The patient also complains of pain throughout his body including the neck, upper mid and lower back. Currently the patient is taking Tylenol and Nexium. He is diagnosed with Lumbar Radiculopathy, sprain/strain of the neck with whiplash, and contusion of the face, scalp or neck. The patient has been placed on modified work duties and has been involved in some form of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Capsaicin 0.025%/Flurbiprofen 20%/Tramadol 10 %/Menthol 2%/Camphor 2% 240 gm with one (1) refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics Section, and the Official Disabil.

Decision rationale: With respect to compound agent consisting of Capsaicin .025% Flurbiprofen 20% Tramadol 10% Menthol 2% Camphor 2% 240 gram is not supported by the guidelines and it is not evident that oral medications are being used. As noted available reports do not address the use of oral medications and efficacy and rationale for this specific topical compound. As per the cited guidelines, the compounding of Capsaicin .025% Flurbiprofen 20% Tramadol 10% Menthol 2% Camphor 2% is of unproven benefit compared with oral agents or a single topical agent such as an over-the-counter methyl salicylate rub or capsaicin.. It has not been established that there has been inadequate analgesia, intolerance or side effects from the more accepted first-line medications prior to consideration of compound topical formulations. Also the guideline states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen and Topical Tramadol is not supported by the guidelines. It has not been established that there has been inadequate analgesia, intolerance or side effects from the more accepted first-line medications prior to consideration of compound topical formulations.

Compound Flurbiprofen 20%/Tramadol 20%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics Section, and the Official Disabil.

Decision rationale: Regarding Compound Flurbiprofen 20% Tramadol 20% as above, with also Tramadol these agents have been determine to be of unproven efficacy as a topical according to the guidelines. As noted available reports do not address the use of oral medications and efficacy and rationale for this specific topical compound. It has not been established that there has been inadequate analgesia, intolerance or side effects from the more accepted first-line medications prior to consideration of compound topical formulations. Also the guideline states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen and Topical Tramadol is not supported by the guidelines. It has not been established that there has been inadequate analgesia, intolerance or side effects from the more accepted first-line medications prior to consideration of compound topical formulations.

Medrox patches #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines the Chronic Pain Medical Treatment Guidelines. .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics Section, and the Official Disability.

Decision rationale: Regarding Medrox Patch, California: MTUS evidenced-based guidelines do not support use of this medication. Medrox cream is Menthol 5%, Methyl salicylate 20%, and Capsaicin 0.0375%. There is no current indication that this increase over a 0.025% Capsaicin formulation would provide any further efficacy. The Compound Medrox is a mixture of methyl salicylate, menthol, capsaicin prescribed as a patch for neuropathic pain management. (CA-MTUS primarily recommended Topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation that this is the case, therefore the prescription of Medrol patch is not medically necessary. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the medical necessity of the request for Medrox patches #30 has not been established.